PTO/SB/22 (09-08)
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| | PETITION FOR EXTENSION OF TIME UNDER 37 | CFR 1.136(a) | Docket Number (Optional) | |
|--|---|------------------|----------------------------|----------|
| | FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 2B5/013US | |
| | Application Number 09/445,517 | 7(17.11. 4070).) | Filed December 6, 1999 | |
| | For METHODS FOR TREATING OBESITY | · | | |
| | Art Unit 1645 | | Examiner Sarvamangala J.N. | DEVI |
| | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a repty in the above identified application. | | | |
| | The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee | | | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ | |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ | |
| | X Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 · \$_510.0 | 00 |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ | |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ | |
| | Applicant claims small entity status. See 37 CFR 1.27. | | | |
| | A check in the amount of the fee is enclosed. | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | |
| Deposit Account Number 010535 I have enclosed a duplicate warming: Information on this form may become public. Credit card information should not be included Provide credit card information and authorization on PTO-2038. | | | | sneet. |
| | | | | |
| | | | | |
| | I am the applicant/inventor. | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| | attorney or agent of record. Registration Number 46, 332 | | | |
| | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| | V 5-1 | | November 30, 2006 | |
| 09445517 | Signature | | Date | |
| | Karen R. Zachow, Ph.D. | | 858-552-2200 | 09455517 |
| 8 | Typed or printed name | | Telephone Number | |
| FMETEKI1 00000010 010535 510.00 DR | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | |
| 0 01 | algrature is required, see below. Total of forms are submitted. | | | |
| 0001 0 DA | This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to | | | |
| 1 0000001 510.00 DA | complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application for the USPTO. Time will vary depending upon the including the completed application for the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the completed application form to the USPTO. Time will vary depending upon the including the upon | | | |
| U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | | |
| if you need assistance in completing the form, call 1-800-PTC-9199 and select option 2. | | | | |
| If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2. ## You need assistance in completing the form, cell 1-800-PTO-9199 and select option 2. ### You need assistance in completing the form, cell 1-800-PTO-9199 and select option 2. #### YOU NEED TO SELECT ONLY SELECT OF THE | | | | |
| PAGE 34/35 * RCVD AT 11/30/2006 4:34:31 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-3/19 * DNIS:2738300 * CSID:8585529098 * DURATION (mm-ss):11-00 불 | | | | |
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